

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

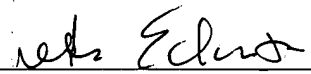
Applicant: Ann Cartwright )  
Serial No.: 10/650,001 ) Ex: PHILLIPS  
Filed: 27 August 2003 ) Art Unit: 3751  
For: SHAMPOO BOWL ASSEMBLY AND )  
SHAMPOO BOWL CUSHION )

CERTIFICATE OF MAILING

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

I hereby certify that the attached Amendment Transmittal Form; Response, Amendment and Request for Reconsideration, twenty-two (22) page(s); Petition for Extension of Time; check for fee; and a postcard are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria VA, Mail Stop Amendment on 18 January 2005.

  
\_\_\_\_\_  
Signature

18 January 2005

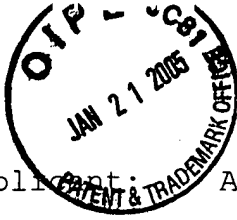
18 January 2005  
Date

Respectfully Submitted,



Michael W. Goltry  
Attorney for Applicant  
Reg. No. 39,692

**CUSTOMER NUMBER 45848**  
340 East Palm Lane  
Suite 260  
Phoenix, Arizona 85004  
(602) 252-7494



Case Docket No. 4393-A1

Applicant: Ann Cartwright )  
Serial No.: 10/650,001 ) Ex: PHILLIPS  
Filed: 27 August 2003 ) Art Unit: 3751  
For: SHAMPOO BOWL ASSEMBLY AND )  
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Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above identified application.

☒ Small entity status of this application under 37 CFR 1.9 and 1.27  
has been established.

☐ Design Application, no additional fee required.

☒ Utility application, fee calculated on table below.

The fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No Previously Paid For	Present Extra	Small Entity	Large Entity
TOTAL	20 -	20	0	X 25 = \$0	or X 50 = \$
INDEP	3 -	3	0	X100 = \$0	or X200 = \$
MULTIPLE DEPEND CLAIM PRESENTED				X150 = \$0	or X300 = \$
				TOTAL	or TOTAL \$
				\$	

☐ Please charge the Deposit Account No. \_\_\_\_\_ in the amount of  
\$ \_\_\_\_\_.

☐ The Commissioner is hereby authorized to charge any additional fees  
which may be required, or credit any overpayment to Deposit Account  
No. \_\_\_\_\_.

☐ A duplicate copy of this transmittal sheet is enclosed.

☐ A check in the amount of \$ \_\_\_\_\_ is attached.

1/19/2005  
DATE

Respectfully submitted,  
  
Michael W. Goltry, Reg. No. 39,692  
CUSTOMER NUMBER 45848